

PERSONAL FINANCIAL DISCLOSURE

"TIER 2.1"

LSA-R.S. 42:1124.2.1

RECEIVED
STATE ARCHITECTURE BOARD
FEB 7 04 12:56

ORIGINAL REPORT

AMENDED REPORT

This Report Covers Calendar Year 2010

I hold multiple offices/positions that fall under Tier 2.1 and/or would require a filing under Tier 3. If this box is checked, filer must complete Schedule E.

Full Name of Filer: Ronald B. Blich, FAIA, FACHA

Mailing Address: 757 St. Charles Avenue

Street

Apt. #

New Orleans

LA

70130

City

State

Zip Code

Name of Board or Commission Louisiana State Board of Architectural Examiners

Date of Appointment 05/27/2006

Expiration of Appointment 12/31/2011

Full Name of Spouse:

Spouse's Occupation:

Spouse's Principal Business Address, if any:

Street

Suite #

City

State

Zip Code

Select One: (A) I certify that I have filed my federal income tax return for the previous year.

(A) I certify that I have filed for an extension of my federal income tax return for the previous year.

Select One: (B) I certify that I have filed my state income tax return for the previous year.

(B) I certify that I have filed for an extension of my state income tax return for the previous year.

I do hereby certify that neither I nor any member of my immediate family has a personal or financial interest in any entity, contract, or business, or a personal or financial relationship, that in any way poses a conflict of interest, which would affect the impartial performance of my duties.

OR

I have attached a statement describing each conflict and action I am taking to resolve or avoid this conflict.

CERTIFICATION OF ACCURACY

I do hereby certify that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge and belief.

Signature of Filer

**SCHEDULE A
EMPLOYMENT INFORMATION**

Check if Not Applicable

Please disclose the name of the employer, job title, a brief description of the job description for each full-time or part-time employment position held by the individual or spouse.

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse		<input checked="" type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	
Employer Name		Blitch Knevel Architects, Inc.	Job Title		President
Job Description		President of Architectural Firm			
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	
Employer Name			Job Title		
Job Description					
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	
Employer Name			Job Title		
Job Description					
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	
Employer Name			Job Title		
Job Description					
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	
Employer Name			Job Title		
Job Description					
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	
Employer Name			Job Title		
Job Description					

SCHEDULE B
INCOME FROM THE STATE, POLITICAL SUBDIVISIONS,
AND/OR GAMING INTERESTS

Check if Not Applicable

The name, address, type, and amount of each source of income received by you or your spouse, or by any business in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business, which is received from any of the following:

- the state or any political subdivision (see instructions for examples) as defined in Article VI of the Constitution of Louisiana;
- services performed for or in connection with a gaming interest as defined in R.S. 18:1505.2L(3)(a).

Note: For this page ONLY, the "amount of income" must be reported as an exact dollar figure.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business	Amount of Income \$ <u>2,703.00</u>
Name of Business, if applicable <u>Louisiana State Board of Architectural Examiners</u>	
Name of Source of Income <u>Per Diem for Licensing Board</u>	
Type of Income: <input checked="" type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest	
Address <u>9625 Fenway Avenue</u>	
Street	Suite #
<u>Baton Rouge</u>	<u>LA</u>
City	State
	<u>71809</u>
	Zip Code

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business	Amount of Income \$ <u>0.00</u>
Name of Business, if applicable <u>East St. Tammany Events Center/Northshore Harbor Center</u>	
Name of Source of Income <u>Architectural/Engineering Fees</u>	
Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest	
Address <u>100 Harbor Center Blvd.</u>	
Street	Suite #
<u>Slidell</u>	<u>LA</u>
City	State
	<u>70461</u>
	Zip Code

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business	Amount of Income \$ <u>3,173,214.06</u>
Name of Business, if applicable <u>Facility Planning and Control/FEMA Scope Alignment for Charity Hopsital</u>	
Name of Source of Income <u>Architectural/Engineering Fees</u>	
Type of Income: <input checked="" type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest	
Address <u>1201 North Third Street</u>	
Street	Suite #
<u>Baton Rouge</u>	<u>LA</u>
City	State
	<u>70804</u>
	Zip Code

SCHEDULE B
INCOME FROM THE STATE, POLITICAL SUBDIVISIONS,
AND/OR GAMING INTERESTS

Check if Not Applicable

The name, address, type, and amount of each source of income received by you or your spouse, or by any business in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business, which is received from any of the following:

- the state or any political subdivision (see instructions for examples) as defined in Article VI of the Constitution of Louisiana;
- services performed for or in connection with a gaming interest as defined in R.S. 18:1505.2L(3)(a).

Note: For this page ONLY, the "amount of income" must be reported as an exact dollar figure.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business	Amount of Income \$ <u>191,296.76</u>
Name of Business, if applicable <u>Facility Planning and Control/University Hospital Renovations</u>	
Name of Source of Income <u>Architectural/Engineering Fee</u>	
Type of Income: <input checked="" type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest	
Address <u>1201 North Third Street</u>	<u>Suite 7-160</u>
Street	Suite #
<u>Baton Rouge</u>	<u>LA</u>
City	State
	<u>70804</u>
	Zip Code
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business	Amount of Income \$ <u>127,147.98</u>
Name of Business, if applicable <u>Facility Planning and Control/UMC</u>	
Name of Source of Income <u>Architectural/Engineering Fee</u>	
Type of Income: <input checked="" type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest	
Address <u>1201 North Third Street</u>	<u>Suite 7-160</u>
Street	Suite #
<u>Baton Rouge</u>	<u>LA</u>
City	State
	<u>70804</u>
	Zip Code
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business	Amount of Income \$ _____
Name of Business, if applicable _____	
Name of Source of Income _____	
Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest	
Address _____	
Street	Suite #
_____	_____
City	State
	Zip Code

**SCHEDULE C
POSITIONS - BUSINESS**

Check if Not Applicable

The name, address, brief description, nature of association, and the amount of interest in each business in which you or your spouse is a director, officer, owner, partner, member, or trustee, AND in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business.

Note: For this page ONLY, the "amount of interest" must be reported as a percentage figure.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Amount of Interest <u>51</u> %
Name of Business <u>Blitch Knevel Architects, Inc.</u>	
Address <u>757 St. Charles Avenue</u>	
Street	Suite #
<u>New Orleans</u>	<u>LA</u>
City	State
	Zip Code <u>70130</u>
Business Description <u>Architectural Firm</u>	
Nature of Association <u>President of Firm</u>	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Amount of Interest _____ %
Name of Business _____	
Address _____	
Street	Suite #
_____	_____
City	State
	Zip Code _____
Business Description _____	
Nature of Association _____	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Amount of Interest _____ %
Name of Business _____	
Address _____	
Street	Suite #
_____	_____
City	State
	Zip Code _____
Business Description _____	
Nature of Association _____	

**SCHEDULE D
POSITIONS - NONPROFIT**

Check if Not Applicable

The name, address, brief description of, and nature of association with a nonprofit organization in which you or your spouse is a director or officer.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Organization <u>Our Lady of Holy Cross College</u>		
Nature of Association <u>Member of Board of Regents</u>		
Address <u>4123 Woodland Drive</u>		
<u>Street</u>		<u>Suite #</u>
<u>New Orleans</u>	<u>LA</u>	<u>70130</u>
<u>City</u>	<u>State</u>	<u>Zip Code</u>
Organization Description <u>Educational Institution</u>		
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Organization <u>Chateau de Notre Dame - Senior Living Community</u>		
Nature of Association <u>Member of Advisory Board</u>		
Address <u>2832 Burdette Street</u>		
<u>Street</u>		<u>Suite #</u>
<u>New Orleans</u>	<u>LA</u>	<u>70125</u>
<u>City</u>	<u>State</u>	<u>Zip Code</u>
Organization Description <u>Senior Living Community</u>		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Organization _____		
Nature of Association _____		
Address _____		
<u>Street</u>		<u>Suite #</u>
_____	_____	_____
<u>City</u>	<u>State</u>	<u>Zip Code</u>
Organization Description _____		

**SCHEDULE F
CONTRIBUTIONS**

Check if Not Applicable

Any filer required to file a La R.S. 42:1124.2.1 personal financial disclosure statement and who is appointed to a state board or commission and who made a contribution in excess of \$1,000 to a campaign of the official who appointed the filer shall disclose: 1) the date of appointment; 2) any compensation provided for such position; 3) the name of the candidate to whom a contribution or loan in excess of \$1,000 was made; and 4) the amount of any such contribution or loan.

* Only those contributions or loans made within one (1) year of appointment are required to be disclosed.

* See the instruction page for applicable definitions.

Date of Appointment: _____	Candidate Name: Bobby Jindal (Friends of Bobby Jindal) _____
Compensation: _____	Amount of contribution or loan: \$2,500.00 _____
Date of Appointment: _____	Candidate Name: _____
Compensation: _____	Amount of contribution or loan: _____
Date of Appointment: _____	Candidate Name: _____
Compensation: _____	Amount of contribution or loan: _____
Date of Appointment: _____	Candidate Name: _____
Compensation: _____	Amount of contribution or loan: _____
Date of Appointment: _____	Candidate Name: _____
Compensation: _____	Amount of contribution or loan: _____